

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027803

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 136

FILED AUG 14 1962

## 1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Macon

Length of stay in 1b

15 min.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Samaritan Hosp.

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Macon

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

Molene St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Joetta Mildred Dryden

4. DATE  
OF DEATH

Month

Day

Year

Aug. 3. 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

Feb. 26. 1920

## 9. AGE (last birthday)

42

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

F.M. Stamper Co.

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Macon County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Edward Mumford

## 13b. MOTHER'S MAIDEN NAME

Nellie Roberts

## 14. NAME OF HUSBAND OR WIFE

No.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No

## 16. SOCIAL SECURITY NO.

No.

## 17. INFORMANT

Ed. Mumford Macon, Mo.

## Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Gun shot wound head.

INTERVAL BETWEEN  
ONSET AND DEATH

Few minutes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Was shot by companion

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Aug 3-1962

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

House

## 20f. CITY, TOWN, OR LOCATION

Macon

## COUNTY

Macon Mo

## STATE

## 21. I attended the deceased from

Death occurred at 5:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Andrew Miller M.D. (Coroner)

## 22b. ADDRESS

Macon

## 22c. DATE SIGNED

8/7/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

Aug. 8. 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Tabor Cem.

## 23d. LOCATION (City, town, or county)

Atlanta, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Lester Hutton Macon, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-8-62

## 26. REGISTRAR'S SIGNATURE

Cute M. Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10611

20611

3

4 1

5 3

6

7 0

8 2

9981X

10

11

12 1-3

13 1-0

AUG 21 1962

SEP 14 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.